

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano

NYH # 228-41-47

09/10/04 22:44

Progress Note: Steven Alfano / September 10, 2004

Subjective: 46 year old man with
lumbar spinal stenosis - ran out of Oxycontin - did very poorly, now better

HTN - attributes high BP today to running out of meds

neck pain - currently complaining of neck pain/stiffness
R > L

Objective:

BP 140/100 P Wt 275 lbs Height 6ft 3in
I26796 repeat
upper shoulder/neck: B muscle tenderness R > L

Current Medications:

LISINAPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
OXYCONTIN 40MG TABLETS / 1 tab po tid
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:
neck pain: discussed problem of deciding whether to treat if identified
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy
Discontinued: ZESTRIL 20MG TABLET / 1 po qd

RTC

Keith Roach, M.D.
Electronic Signature on File



Logs of Steven Alfano as of 05/20/05 15:08

Fri May 20 15:08:20 2005

03/17/98 11:18 #31267 (03/17/98 15:04)
 CARDIOVASCULAR EVAL
 TRIGLYCERIDES 195
 CHOLESTEROL 215
 HDL CHOLESTEROL 39
 LDL CHOLESTEROL 137
 CHOL/HDL RATIO 5.5

04/11/97 16:23 #2191 (04/12/97 15:32)
 URINE CULTURE
 REPORT STATUS FINAL
 FINAL REPORT DATE 04/12
 URINE COLONY COUNT <100
 SOURCE CLEAN CATCH
 COLLECTION TIME 16:23
 DATE OF SPECIMEN 4/11

04/11/97 16:23 #6774 (04/11/97 19:20)
 URINALYSIS, ROUTINE
 COLOR YELLOW
 APPEARANCE CLEAR
 PROTEIN NEG
 BLOOD NEG
 GLUCOSE NEG
 KETONES NEG
 PH 5.5
 SPECIFIC GRAVITY 1.024
 BILIRUBIN NEG
 URINALYSIS, MICRO
 RBC NEG
 WBC NEG
 CASTS NEG
 URINALYSIS, COMPLETE

04/09/97 16:39 #30997 (04/09/97 21:21)
 CBC
 WBC 8.6
 RBC 5.05
 HEMOGLOBIN 14.7
 HEMATOCRIT 45.4
 MCV 89.9
 MCH 29.1
 MCHC 32.3
 DIFFERENTIAL (AUTO)

05/20/05 15:08:20

Message Confirmation Report

MAY-16-2005 01:04 PM MON

Fax Number :
Name :

Name/Number : 91212746012741431
Page : 2
Start Time : MAY-16-2005 01:04PM MON
Elapsed Time : 00' 33"
Mode : STD ECM
Results : [O.K.]

Facsimile Transmission Cover Sheet

2nd Request

May 16, 2005 TS
2:05 p.m.CIGNA Group Insurance
Life - Accident - Disability

Transmit to FAX number 212-746-8127	Date April 28, 2005	Time 1:00 p.m.	Total number of pages (including this sheet) 2
--	------------------------	-------------------	---

Name
Dr. Roach
Company

Phone
212-746-2879
Address

Name
Mark Soddors
Department
CIGNA Disability Management Solutions
Phone
1.800.352.0611 Extension 5693
Address
12225 Greenville Avenue
Suite 1000, LB 179
Dallas Texas 75243

Comments

RE: Steven Alfano
DOB: 01/14/1958
Policyholder: Weill Medical College NYK 1972
Underwriting Company: CIGNA Life Insurance Company of New York

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income) we are in need of the following information:

- * Copies of your progress notes, including diagnostic test and lab results, from 8/1/04 to the present.

We ask that you kindly respond by 5/11/05 to avoid any delay in your patient's claim for lost wages. Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860.731.2907) a fee request to my attention.

Sincerely,

Mark Soddors

2nd Request

May 16, 2005 TS
2:05 p.m.

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance Company of North America
Connecticut General Life Insurance Company
CIGNA Life Insurance Company of New York

1 Acknowledgment Requested

To Fax a reply, dial: 860.731.2907

CORNELL
UNIVERSITY

Joan and Sanford I. Weill
Medical College

STEVEN ALLANO
NYK 1972

Keith W. Roach, MD
Associate Professor of Clinical Medicine
Associate Professor of Public Health and
Epidemiology
Program Director, Primary Care Residency Program
Cornell Internal Medicine Associates
Department of Medicine

NEW YORK
PRESBYTERIAN
HOSPITAL

505 East 70th Street, HT-4
Helmsley Tower, Suite 450
New York, NY 10021
Telephone: 212 746-9663
Fax: 212 746-0609

Steven Allano
3800 Wadsworth Ave #130
Brooklyn, NY 11213

April 19, 2005

NYH # 228-41-47

Mr. Mark Soddaris
Cigna Insurance

Dear Mr. Soddaris:

Steven Allano is under my care at the Cornell Internal Medicine Associates at The New York Hospital for his ongoing primary medical care. In regards to your letter of January 20, 2005, I will reiterate that Mr. Allano is physically unable to perform the occupations as described in the attachments to the letter. Specifically, his primary disability is being able to sit for prolonged periods. He is physically unable to sit without frequent need for standing, laying down, or using ice on his back. He is not able to stay seated for a meal at a restaurant, due to pain and stiffness.

I have also reviewed the decision by Judge Scheer of Aug 27, 2005. I believe that the medical facts which underlie my findings as above are well summarized in his judgment.

If you have any questions, please call me at the number above.

Sincerely,

Keith Roach, M.D.

NYH # 228-41-47

COPY OF 4/19/05 FAX

CORNELL UNIVERSITY

Sam and Corinne Webb Medical College

NEW YORK PRESBYTERIAN HOSPITAL

NEW YORK, N.Y.
New York Presbyterian Hospital
Department of Medicine
Division of Endocrinology, Metabolism and Diabetes
Division of Hematology and Oncology
Division of Infectious Diseases
Division of Nephrology
Division of Rheumatology
Division of Transplantation
Division of Geriatrics
New York, NY 10021

NEW YORK, N.Y.
NEW YORK, N.Y.
NEW YORK, N.Y.

PAY COVER SHEET

THIS COVER SHEET IS TO BE COMPLETED BY THE INDIVIDUAL PROVIDING THE PAYMENT INFORMATION. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PROVIDING THE PAYMENT INFORMATION TO ENSURE THAT THE INFORMATION IS ACCURATE AND COMPLETE. THE INFORMATION IS NOT TO BE USED FOR ANY OTHER PURPOSE. ANY DISCLOSURE OF THIS INFORMATION TO ANY OTHER PARTY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COVER SHEET IN THE PAST, PLEASE NOTIFY THE INDIVIDUAL PROVIDING THE PAYMENT INFORMATION OF THIS FACT.

TOP: Mark S. Zucker
LOCATION: GENA Disability Dept
PHONE: 800 352 0112 860 731 2907
DATE: 4/19/05
PAGES (INCLUDING THIS COVER SHEET): 2
COMMENTS: Regarding
STEVEN ALFANO



Message Confirmation Report

APR-28-2005 11:31 AM THU

Fax Number :
Name :

Name/Number : 91212746812741431
Page : 4
Start Time : APR-28-2005 11:30AM THU
Elapsed Time : 00'48"
Mode : STD BCM
Results : {O.K}

Facsimile Transmission Cover Sheet

2nd Request

May 16, 2005 TS
2:05pmCIGNA Group Insurance
Life - Accident - Disability

Transmit to FAX number 212-746-8127	Date April 28, 2005	Time 1:00 p.m.	Total number of pages (including this sheet) 2
--	------------------------	-------------------	---

Name
Dr. Roach

Company

Phone
212-746-2879

Address

Name
Mark SoddorsDepartment
CIGNA Disability Management SolutionsPhone
1.800.352.0611 Extension 5693Address
12225 Greenville Avenue
Suite 1000, LB 179
Dallas Texas 75243

Comments

RE: Steven Alfano
 DOB: 01/14/1958
 Policyholder: Weill Medical College NYK 1972
 Underwriting Company: CIGNA Life Insurance Company of New York

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income) we are in need of the following information:

- Copies of your progress notes, including diagnostic test and lab results, from 8/1/04 to the present.

We ask that you kindly respond by 5/11/05 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860.731.2907) a fee request to my attention.

Sincerely,

Mark Soddors

2nd Request

May 16, 2005 TS
2:05pm

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Life Insurance Company of North America
 Connecticut General Life Insurance Company
 CIGNA Life Insurance Company of New York

☐ Acknowledgment Requested

To Fax a reply, Call: 800.731.2907

PHYSICAL ABILITY ASSESSMENT

We are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. Please substantiate your findings with medical documentation. (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name _____ Date of Birth _____
 Diagnosis(es)/ICD-9 Code _____

Throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Sitting:					
Standing:					
Walking:					
Reaching: Overhead					
Desk Level					
Below Waist					
Fine Manipulation: Right:					
Left:					
Simple Grasp: Right:					
Left:					
Firm Grasp: Right:					
Left:					
Lifting: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					
Carrying: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. Wt.: _____)					
Pulling: (Max. Wt.: _____)					
Climbing: Regular Stairs					
Regular Ladders					
Balancing:					
Stepping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					
Environmental Conditions:					
Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Can work around machinery					
Ability to work extended shifts/ overtime:					
Use lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

Name: _____ Signature: _____
 Medical Specialty: _____ Date: _____
 Address: _____ Phone: _____
 Federal ID tax number: _____

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

NOV. 30. 2004 3:30PM

NYSD

NO. 279 P. 5

DISCLOSURE AUTHORIZATION

Claimant's Name (Please Print):

Steven A. Romano

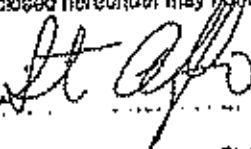
I AUTHORIZE any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, pharmacy, employee assistance plan, insurance company, health maintenance organization or similar entity to provide access to or to give the company named below (Company) or the Plan Administrator or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: cause, treatment, diagnoses, prognoses, consultations, examinations, tests, prescriptions, or advice regarding my physical or mental condition, or other information concerning me. This may also include, but is not limited to, information concerning: mental illness, psychiatric, drug or alcohol use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome), as well as communicable diseases and genetic testing. If my plan administrator sponsors both a disability plan underwritten or administered by Company and a medical plan of any type written by another CIGNA company, the information and records described in this form may also be given to any CIGNA Company which administers such medical or disability benefits for the purpose of evaluating any claim that may be submitted by me or on my behalf for benefits, for evaluating return to employment opportunities, and for administering any feature described in the plan. This information may also be extracted for use in audits or for statistical purposes.

I AUTHORIZE any financial institution, accountant, tax preparer, insurance company or reinsurer, consumer reporting agency, insurance support organization, Claimant's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or the Plan Administrator or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage, prior claim files and claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used to determine eligibility for claim benefits, any amounts payable, return to employment opportunities, and to administer any other feature described in the plan with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim, but not to exceed 24 months. A photocopy of this form is as valid as the original and I or my authorized representative may request one. I or my representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. The information obtained will not be disclosed to anyone EXCEPT: a) reinsuring companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c) fraud or overinsurance detection bureaus; d) anyone performing business, medical or legal functions with respect to the claim or this plan, including any entity providing assistance to the Company under its Social Security Assistance Program and employees involved in return to employment discussions; e) for audit or statistical purposes; f) as may be required or permitted by law; g) as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

If my medical information contains information regarding drug or alcohol abuse, I understand that my records may be protected under federal (42 CFR Part 2) and some state laws. To the extent permitted under law, I can ask the party that disclosed information to the Company to permit me to inspect and copy the information it disclosed. I understand that I can refuse to sign this disclosure authorization; however, if I do so, Company may deny my claim for benefits pursuant to the plan. The use and further disclosure of information disclosed hereunder may not be subject to the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Claimant or
Claimant's Authorized Representative:



Date: 11/14/04

Relationship,
if other than Claimant:

Claimant's Social Security Number:

079-44-9648

Company Name:

CIGNA Life Insurance Company of New York

PROHIBITION ON RE-DISCLOSURE

If the medical information contains information regarding drug or alcohol abuse, it may be protected under federal law. Federal regulations (42 CFR Part 2) prohibit any person or entity who receives such protected information from the Company from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of such protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

Page 4 of 5

CLICNY 0878

Claim Direction Staffing Form

Please complete the sections that are applicable for the staffing purpose

Claim Information:

Staffing Date:	April 25, 2009	Claims Manager:	Mark Rodgers
Cx Number:	Steven Alfano	SSN:	899-44-9648
DOB/Age:	01/14/58	Height/WT:	6'3"/280 lbs.
Employer:	West Medical College	Occupation:	Wage & Salary Manager
Incur Date:	06/05/2000	Date of Hire:	06/05/1991
		Employment term:	Atty ID of 06/06/2000
BSD or AO Date:	12/03/2000	Date:	
Prior Claim?	No	Claims Received Date:	12/07/2000
		MI Max date:	24 mos.
Diagnosis/ICD-9 code:			
Status:	H _____ Ongoing <input checked="" type="checkbox"/> A/O _____ Appeal _____ Pre-Rx _____		
Specific staffing questions that need to be addressed:			
Claim direction			
Claim synopsis: please see printed claim strategy			

Vocational / Occupational History:

Occupational requirements (DOT MUST BE ON FILE & TABBED)	
<input checked="" type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy	
Policy definition of disability please check:	DOT on file: <u>no, just ID</u>
Own Occ <input checked="" type="checkbox"/> Any Occ _____ Other: _____	
Training/Education/Experience	Dominant hand: <u>Left</u>
Best Degree in 1982	VRC assigned: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>

Medical / Offsets:

Treating Physicians (name, specialty, initial & LOV, frequency)								
Provider	Specialty	Initial	OV	LOV	TX	PAA?	R:	L
K. Rouch, M.D.	PM							
M. Alexopoulos	Ortho Sp							
Projected RTW Date and Provider: <u>No work</u>								
CGT Guidelines:								
Other Benefits: <input type="checkbox"/> STD <input type="checkbox"/> WC <input checked="" type="checkbox"/> SSDI <input type="checkbox"/> SSR <input type="checkbox"/> Pension <input type="checkbox"/> Other								

Claim Direction Staffing Form

Please complete the sections that are applicable for the staffing purpose

Comments/ Review outcome/Rationale/Plan:

MD _____	NCM/BHS _____	VRC _____
<p>File does not support deficits unless preclude work activities. Dr. Beach indicated could not do + pts based on PAA for 10/10/04. Concern E need for peer to peer E Dr. Beach at 212-746-2879 (for 212 746 8127)</p>		
<p>Future Claim Direction/Actions (Please indicate person responsible for action)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>		
<p>F/U Medical _____</p> <p>VOC Rehab _____</p> <p>SRU _____</p>		<p>SSDI _____</p> <p>F/U W/C _____</p> <p>Other _____</p>

Parties in Attendance:

Please list printed staffing participant names with signatures:	
1.	STG - RW 4/27/05
2.	McMurry 4/27/05
3.	
4.	
Date: _____	

Sodders, Mark D 212

From: Steven Alfano [steven.alfano@verizon.net]
Sent: Tuesday, April 19, 2005 4:48 PM
To: Sodders, Mark D 212
Subject: letter

Hi Mark,
Hope you got the letter Dr. Roach faxed today. I'll mail out the original as well.
Thanks for working with me on this.
If you ever have trouble getting something like that again, let me know and I'll make sure things get out to you.
Steve Alfano

CORNELL UNIVERSITY

Joan and Sanford Weill Medical College

NEW YORK PRESBYTERIAN HOSPITAL

Kenneth W. Roach, M.D.
Associate Professor of Clinical Medicine
Associate Professor of Public Health and Epidemiology
Program Director, Primary Care Residency Program
Council Member, Medical Association

Weill Medical College
Department of Medicine
505 East 70th Street, NY 10021
New York, NY 10021

Tel: 212-746-6879
Fax: 212-746-6127
Fax: (202) 696-6222 (toll-free)

FAX COVER SHEET

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TO: MARK SODDER
LOCATION: SIGNA Disability Dept
PHONE: 800 352 0611 x5493 860-731-2907
DATE: 4/19/05
PAGES (INCLUDING THIS COVER SHEET): 2
COMMENTS: Regarding
STEVEN ALFANO

CORNELL
UNIVERSITY

NEW YORK
PRESBYTERIAN
HOSPITAL

Joan and Sanford L. Weill
Medical College

Keith W. Roach, MD
Associate Professor of Clinical Medicine
Associate Professor of Public Health and
Epidemiology
Program Director, Primary Care Residency Program
Cornell Internal Medicine Associates
Department of Medicine

505 East 70th Street, HT-4
Helmsley Tower, Suite 450
New York, NY 10021
Telephone: 212 746-9663
Fax: 212 746-4609

Steven Alfano
3800 Waldo Ave #13G
Bronx, NY 10463

April 19, 2005

NYH # Z28-41-47

Mr. Mark Sodders
Cigna Insurance


Dear Mr. Sodders:

Steven Alfano is under my care at the Cornell Internal Medicine Associates at The New York Hospital for his ongoing primary medical care. In regards to your letter of January 20, 2005, I will reiterate that Mr. Alfano is physically unable to perform the occupations as described in the attachments to the letter. Specifically, his primary disability is being able to sit for prolonged periods. He is physically unable to sit without frequent need for standing, laying down, or using ice on his back. He is not able to stay seated for a meal at a restaurant, due to pain and stiffness.

I have also reviewed the decision by Judge Scheer of Aug 27, 2005. I believe that the medical facts which corroborate my findings as above are well summarized in his judgment.

If you have any questions, please call me at the number above.

Sincerely,



Keith Roach, M.D.

NO 588 P 2

APR 19 2005 10:21AM NYH

CLICNY 0883

4/11 4 attempts to fax to C. & fax will
not so HAN called C's cell @
917-843-1691 to inform hand
copy is being mailed today ✓

mejaddi

Facsimile Transmission Cover Sheet



CIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number 718-884-2067	Date April 11, 2005	Time 2:54 PM	Total number of pages (including this sheet): 10
To		From	
Name Steven Alfano	Name Mark Sadders		
Company	Department CIGNA Disability Management Solutions		
Phone 718-884-2067	Phone 800.352.0611 x5693		
Address	Address 212E 12225 Greenville Avenue Suite 1000 LB 179 Dallas, TX 75243-9382		
Comments			

Re: Claimant: Steven Alfano
Policy Number: NYK 1972
Policy Holder: Weill Medical College
Underwriting Company: CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

Enclosed is the request sent via certified mail to Dr. Roach on January 20, 2005. Please contact Dr. Roach's office to expedite our request. If we have not received his response by April 28, 2005, we will continue with the scheduling of the Functional Capacities Evaluation.

Please contact me at 800-352-0611 x5693 should there be any questions.

Sincerely,

Mark Sadders

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"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company.

☐ Acknowledgment Requested

To Fax a reply, dial: 800.731.2907

Mark Sodders
Case Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life • Accident • Disability

January 20, 2005

Keith Roach, M.D.
505 E. 70 St.
RT 450
New York, NY 10021

Routing 212E
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone 800.352.0611 x5693
Facsimile 860.731.2907
Mark.Sodders@Cigna.com

Re:	Claimant:	Steven Alfano
	DOB:	01/14/58
	Policy Number:	NYK 1972
	Policy Holder:	Weill Medical College
	Underwriting Company:	CIGNA Life Insurance Company of New York

Dear Dr. Roach:

From your last Physical Abilities Assessment Form dated October 10, 2004, you report that Mr. Roach may Occasionally: push, pull, climb, balance, stoop, lift and carry 10 pounds, sit stand and walk.

We have enclosed four potential occupations that Mr. Roach may perform based on his prior education, training and experience for your review. To properly understand his current physical work restrictions, please provide the following information:

- Is Mr. Roach able to physically perform the four occupations as described in the attachment?
- If no, please provide the medical documentation to support your position of Mr. Roach's functional deficits and that significantly impact his ability to perform these occupations which require physical exertion in an 8 hour day based on your October 10, 2004 Physical Abilities Assessment form.

We will consider a reasonable charge for this report. Please include your Tax identification number for your invoice.

Your assistance in providing this information is appreciated and will aid in the prompt handling of the claim.

Sincerely,

Mark Sodders

CIGNA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

OCCUPATIONAL DESCRIPTION

166.117-018 Manager, Personnel
O*NET SOC Code: 11-3040.00 Human Resources Managers

Alternate Titles: Manager, Human Resources

Plans and carries out policies relating to all phases of personnel activity. Recruits, interviews, and selects employees to fill vacant positions. Plans and conducts new employee orientation to foster positive attitude toward company goals. Keeps record of insurance coverage, pension plan, and personnel transactions, such as hires, promotions, transfers, and terminations. Investigates accidents and prepares reports for insurance carrier. Conducts wage survey within labor market to determine competitive wage rate. Prepares budget of personnel operations. Meets with shop stewards and supervisors to resolve grievances. Writes separation notices for employees separating with cause and conducts exit interviews to determine reasons behind separations. Prepares reports and recommends procedures to reduce absenteeism and turnover. Represents company at personnel-related hearings and investigations. Contracts with outside suppliers to provide employee services, such as canteen, transportation, or relocation service. May prepare budget of personnel operations, using computer terminal. May administer manual and dexterity tests to applicants. May supervise clerical workers. May keep records of hired employee characteristics for governmental reporting purposes. May negotiate collective bargaining agreement with BUSINESS REPRESENTATIVE, LABOR UNION (profess & kin.) 187.167-018.

DLU: 1988

O*NET SOC Title: Human Resources Managers
O*NET SOC Code: 11-3040.00

Plan, direct, and coordinate human resource management activities of an organization to maximize the strategic use of human resources and maintain functions such as employee compensation, recruitment, personnel policies, and regulatory compliance.

Formulates policies and procedures for recruitment, testing, placement, classification, orientation, benefits, and labor and industrial relations. Plans, directs, supervises, and coordinates work activities of subordinates and staff relating to employment, compensation, labor relations, and employee relations. Directs preparation and distribution of written and verbal information to inform employees of benefits, compensation, and personnel policies. Evaluates and modifies benefits policies to establish competitive programs and to ensure compliance with legal requirements. Analyzes compensation policies, government regulations, and prevailing wage rates to develop competitive compensation plan. Develops methods to improve employment policies, processes, and practices and recommends changes to management. Prepares personnel forecast to project employment needs. Prepares budget for personnel operations. Prepares and delivers presentations and reports to corporate officers or other management regarding human resource management policies and practices and recommendations for change. Negotiates bargaining agreements and resolves labor disputes. Meets with shop stewards and supervisors to resolve grievances. Conducts exit interviews to identify reasons for employee termination and writes separation notices. Plans and conducts new employee orientation to foster positive attitude toward organizational objectives. Writes directives advising department managers of organization policy in personnel matters such as equal employment opportunity, sexual harassment, and discrimination. Studies legislation, arbitration decisions, and collective bargaining contracts to assess industry trends. Maintains records and compiles statistical reports concerning personnel-related data such as hires, transfers, performance appraisals, and absenteeism rates. Analyzes statistical data and reports to identify and determine causes of personnel problems and develop recommendations for improvement of organization's personnel policies and. Represents organization at personnel-related hearings and investigations. Contracts with vendors to provide employee services, such as canteen, transportation, or relocation service. Investigates industrial accidents and prepares reports for insurance carrier.

Preliminary Crosswalk shows this DOT Occupation is 1 of 6 DOT's under this O*NET Code.

Please note: O*NET Codes are under development and subject to change.

OCCUPATIONAL REQUIREMENTS

Title: Manager, Personnel
Industry: Professional and Kindred

DOT Code: 166.117-018

Specific Vocational Preparation: Level 8 (4 to 10 years)

General Educational Development: Reasoning Level 5
Mathematics Level 5
Language Level 5

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

Physical Demands:

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Frequently
Handling	Frequently
Fingering	Frequently
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Frequently
Far Acuity	Never
Depth Perception	Never
Accommodation	Occasionally
Color Vision	Never
Field of Vision	Never

Environmental Conditions:

Noise Intensity Level	Moderate
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Performing a Variety of Duties
Directing, Controlling, or Planning Activities of Others
Dealing with People (Beyond receiving work instructions)
Making Judgments and Decisions

Data: Coordinating
People: Negotiating
Things: Handling

Aptitudes:	DOT	OAE
General Learning Ability	1 (Above 89%)	3+ (56 - 66%)
Verbal Aptitude	1 (Above 89%)	3- (34 - 44%)
Numerical Aptitude	2 (67-89%)	3 (46 - 54%)
Spatial Aptitude	3 (34-66%)	Not Included
Form Perception	3 (34-66%)	Not Included
Clerical Aptitude	3 (34-66%)	3 (46 - 54%)
Motor Coordination	4 (11-33%)	Not Included
Finger Dexterity	4 (11-33%)	Not Included
Manual Dexterity	4 (11-33%)	Not Included
Eye-Hand-Foot Coordination	5 (Below 11%)	
Color Discrimination	5 (Below 11%)	

OCCUPATIONAL DESCRIPTION

166.167-030 Manager, Employment

O*NET SOC Code: 11-3040.00 Human Resources Managers

Alternate Titles: Employment Supervisor

Manages employment activities of establishment: Plans and directs activities of staff workers concerned with such functions as developing sources of qualified applicants, conducting screening interviews, administering tests, checking references and background, evaluating applicants' qualifications, and arranging for preliminary indoctrination and training for newly hired employees according to policy formulated by DIRECTOR, INDUSTRIAL RELATIONS (profess. & kin.) 166.117-010. Keeps records and compiles statistical reports concerning recruitments, interviews, hires, transfers, promotions, terminations, and performance appraisals, utilizing knowledge of job requirements, valid selection processes, and legislation concerning equal employment practices. Coordinates employment activities, such as those concerned with preparing job requisitions; interviewing, selecting, and hiring candidates; on-the-job indoctrination and additional training; supervisory follow-up, development, and rating of employees; and conducting exit interviews. Analyzes statistical data and other reports concerning all aspects of employment function in order to identify and determine causes of personnel problems and to develop and present recommendations for improvement of establishment's employment policies, processes, and practices.

DLU: 1987

O*NET SOC Title: Human Resources Managers

O*NET SOC Code: 11-3040.00

Plan, direct, and coordinate human resource management activities of an organization to maximize the strategic use of human resources and maintain functions such as employee compensation, recruitment, personnel policies, and regulatory compliance.

Formulates policies and procedures for recruitment, testing, placement, classification, orientation, benefits, and labor and industrial relations. Plans, directs, supervises, and coordinates work activities of subordinates and staff relating to employment, compensation, labor relations, and employee relations. Directs preparation and distribution of written and verbal information to inform employees of benefits, compensation, and personnel policies. Evaluates and modifies benefits policies to establish competitive programs and to ensure compliance with legal requirements. Analyzes compensation policies, government regulations, and prevailing wage rates to develop competitive compensation plan. Develops methods to improve employment policies, processes, and practices and recommends changes to management. Prepares personnel forecast to project employment needs. Prepares budget for personnel operations. Prepares and delivers presentations and reports to corporate officers or other management regarding human resource management policies and practices and recommendations for change. Negotiates bargaining agreements and resolves labor disputes. Meets with shop stewards and supervisors to resolve grievances. Conducts exit interviews to identify reasons for employee termination and writes separation notices. Plans and conducts new employee orientation to foster positive attitude toward organizational objectives. Writes directives advising department managers of organization policy in personnel matters such as equal employment opportunity, sexual harassment, and discrimination. Studies legislation, arbitration decisions, and collective bargaining contracts to assess industry trends. Maintains records and compiles statistical reports concerning personnel-related data such as hires, transfers, performance appraisals, and absenteeism rates. Analyzes statistical data and reports to identify and determine causes of personnel problems and develop recommendations for improvement of organization's personnel policies and. Represents organization at personnel-related hearings and investigations. Contracts with vendors to provide employee services, such as canteen, transportation, or relocation service. Investigates industrial accidents and prepares reports for insurance carrier.

Preliminary Crosswalk shows this DOT Occupation is 1 of 6 DOT's under this O*NET Code.

Please note: O*NET Codes are under development and subject to change.

OCCUPATIONAL REQUIREMENTS

Title: Manager, Employment
 Industry: Professional and Kindred

DOT Code: 166.167-030

Specific Vocational Preparation: Level 8 (4 to 10 years)

General Educational Development: Reasoning Level 5
 Mathematics Level 4
 Language Level 5

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

Physical Demands:

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Frequently
Handling	Frequently
Fingering	Frequently
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Frequently
Far Acuity	Never
Depth Perception	Never
Accommodation	Never
Color Vision	Never
Field of Vision	Never

Environmental Conditions:

Noise Intensity Level	Quiet
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Directing, Controlling, or Planning Activities of Others
 Dealing with People (Beyond receiving work instructions)
 Making Judgments and Decisions

Data: Coordinating
 People: Speaking-Signaling
 Things: Handling

Aptitudes:

General Learning Ability
Verbal Aptitude
Numerical Aptitude
Spatial Aptitude
Form Perception
Clerical Aptitude
Motor Coordination
Finger Dexterity
Manual Dexterity
Eye-Hand-Foot Coordination
Color Discrimination

DOT

2 (67-89%)
2 (67-89%)
3 (34-66%)
5 (Below 11%)
5 (Below 11%)
3 (34-66%)
5 (Below 11%)
5 (Below 11%)
5 (Below 11%)
5 (Below 11%)
5 (Below 11%)

OAP

3+ (56 - 66%)
3- (34 - 44%)
3 (46 - 54%)
Not Included
Not Included
3 (46 - 54%)
Not Included
Not Included
Not Included

OCCUPATIONAL DESCRIPTION

137.167-998 Manager, Employment Agency

O*NET SOC Code: 41-1012.00 First-Line Supervisors/Managers of Non-Retail Sales Workers

Manages employment services and business operations of private employment agency. Directs hiring, training, and evaluation of employees. Analyzes placement reports to determine effectiveness of EMPLOYMENT INTERVIEWERS (profess. & kin.). Participates in development and utilization of job development methods to promote business for agency. Enforces, through subordinate staff, agency policies, procedures, safety rules, and regulations. Approves or disapproves requests for purchase of new equipment and supplies. Ensures maintenance and repair of facilities and equipment. Prepares budget requests. Investigates and resolves customer complaints. May negotiate leases and order equipment and supplies for agency.

DLU: 1977

O*NET SOC Title: First-Line Supervisors/Managers of Non-Retail Sales Workers

O*NET SOC Code: 41-1012.00

Directly supervise and coordinate activities of sales workers other than retail sales workers. May perform duties, such as budgeting, accounting, and personnel work, in addition to supervisory duties.

Directs and supervises employees engaged in sales, inventory-taking, reconciling cash receipts, or performing specific service such as pumping gasoline for customers. Plans and prepares work schedules and assigns employees to specific duties. Hires, trains, and evaluates personnel in sales or marketing establishment. Coordinates sales promotion activities and prepares merchandise displays and advertising copy. Listens to and resolves customer complaints regarding service, product, or personnel. Examines merchandise to ensure that it is correctly priced, displayed or functions as advertised. Inventories stock and reorders when inventories drop to specified level. Examines products purchased for resale or received for storage to determine condition of product or item. Prepares rental or lease agreement, specifying charges and payment procedures, for use of machinery, tools, or other such items. Formulates pricing policies on merchandise according to requirements for profitability of store operations. Keeps records pertaining to purchases, sales, and requisitions. Assists sales staff in completing complicated and difficult sales. Prepares sales and inventory reports for management and budget departments. Confers with company officials to develop methods and procedures to increase sales, expand markets, and promote business.

Preliminary Crosswalk shows this DOT Occupation is 1 of 17 DOT's under this O*NET Code.

Please note: O*NET Codes are under development and subject to change.

OCCUPATIONAL REQUIREMENTS

Title: Manager, Employment Agency
 Industry: Professional and Kindred

DOT Code: 187.167-998

Specific Vocational Preparation: Level 7 (2 to 4 years)

General Educational Development: Reasoning Level 4
 Mathematics Level 3
 Language Level 4

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

Physical Demands:

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Occasionally
Handling	Occasionally
Fingering	Occasionally
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Occasionally
Far Acuity	Never
Depth Perception	Never
Accommodation	Never
Color Vision	Never
Field of Vision	Never

Environmental Conditions:

Noise Intensity Level	Moderate
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Directing, Controlling, or Planning Activities of Others
 Making Judgments and Decisions
 Performing a Variety of Duties

Data: Coordinating
 People: Speaking, Signaling
 Things: Handling

Aptitudes:

General Learning Ability
 Verbal Aptitude
 Numerical Aptitude
 Spatial Aptitude
 Form Perception
 Clerical Aptitude
 Motor Coordination
 Finger Dexterity
 Manual Dexterity
 Eye-Hand-Foot Coordination
 Color Discrimination

DOT

2 (67-89%)
 2 (67-89%)
 3 (34-66%)
 4 (31-33%)
 4 (31-33%)
 3 (34-66%)
 4 (11-33%)
 4 (11-33%)
 4 (11-33%)
 5 (Below 11%)
 5 (Below 11%)

OAP

3 (46 - 54%)
 3- (34 - 44%)
 3- (34 - 44%)
 Not Included
 Not Included
 3 (46 - 54%)
 Not Included
 Not Included
 Not Included
 Not Included

OCCUPATIONAL DESCRIPTION

189-167-022 Manager, Department
O*NET SOC Code: 11-1011.02 Private Sector Executives

Alternate Titles: Department Head; Superintendent

Directs and coordinates, through subordinate supervisors, department activities in commercial, industrial, or service establishment. Reviews and analyzes reports, records, and directives, and confers with supervisors to obtain data required for planning department activities, such as new commitments, status of work in progress, and problems encountered. Assigns, or delegates responsibility for, specified work or functional activities and disseminates policy to supervisors. Gives work directions, resolves problems, prepares schedules, and sets deadlines to ensure timely completion of work. Coordinates activities of department with related activities of other departments to ensure efficiency and economy. Monitors and analyzes costs and prepares budget, using computer. Prepares reports and records on department activities for management, using computer. Evaluates current procedures and practices for accomplishing department objectives to develop and implement improved procedures and practices. May initiate or authorize employee hire, promotion, discharge, or transfer. Workers are designated according to functions, activities, or type of department managed.

DLU: 1989

O*NET Title: Private Sector Executives
O*NET SOC Code: 11-1011.02

Determine and formulate policies and business strategies and provide overall direction of private sector organizations. Plan, direct, and coordinate operational activities at the highest level of management with the help of subordinate managers.

Directs, plans, and implements policies and objectives of organization or business in accordance with charter and board of directors. Directs activities of organization to plan procedures, establish responsibilities, and coordinate functions among departments and sites. Analyzes operations to evaluate performance of company and staff and to determine areas of cost reduction and program improvement. Confers with board members, organization officials, and staff members to establish policies and formulate plans. Reviews financial statements and sales and activity reports to ensure that organization's objectives are achieved. Assigns or delegates responsibilities to subordinates. Directs and coordinates activities of business involved with buying and selling investment products and financial services. Establishes internal control procedures. Presides over or serves on board of directors, management committees, or other governing boards. Directs inservice training of staff. Administers program for selection of sites, construction of buildings, and provision of equipment and supplies. Screens, selects, hires, transfers, and discharges employees. Promotes objectives of institution or business before associations, public, government agencies, or community groups. Negotiates or approves contracts with suppliers and distributors, and with maintenance, janitorial, and security providers. Prepares reports and budgets. Directs non-merchandising departments of business, such as advertising, purchasing, credit, and accounting. Directs and coordinates activities of business or department concerned with production, pricing, sales, and/or distribution of products. Directs and coordinates organization's financial and budget activities to fund operations, maximize investments, and increase efficiency.

Preliminary Crosswalk shows this DOT Occupation is 1 of 13 DOTs under this O*NET Code.

Please note: O*NET Codes are under development and subject to change.

OCCUPATIONAL REQUIREMENTS

Title: Manager, Department
 Industry: Any Industry

DOT Code: 189.167-022

Specific Vocational Preparation: Level 7 (2 to 4 years)

General Educational Development: Reasoning Level 5
 Mathematics Level 4
 Language Level 4

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

Physical Demands:

Climbing	Never
Balancing	Never
Stooping	Never
Knocking	Never
Crouching	Never
Crawling	Never
Reaching	Occasionally
Handling	Occasionally
Fingering	Occasionally
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Frequently
Far Acuity	Never
Depth Perception	Never
Accommodation	Occasionally
Color Vision	Never
Field of Vision	Never

Environmental Conditions:

Noise Intensity Level	Moderate
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Directing, Controlling, or Planning Activities of Others
 Dealing with People (Beyond receiving work instructions)
 Making Judgments and Decisions

Data: Coordinating
 People: Speaking-Signaling
 Things: Handling

Aptitudes:	DOT	OAP
General Learning Ability	2 (67-89%)	3+ (56-66%)
Verbal Aptitude	2 (67-89%)	3- (34-44%)
Numerical Aptitude	3 (34-66%)	3 (46-54%)
Spatial Aptitude	3 (34-66%)	Not Included
Form Perception	3 (34-66%)	Not Included
Clerical Aptitude	3 (34-66%)	3 (46-54%)
Motor Coordination	4 (11-33%)	Not Included
Finger Dexterity	4 (11-33%)	Not Included
Manual Dexterity	4 (11-33%)	Not Included
Eye-Hand-Foot Coordination	5 (Below 11%)	
Color Discrimination	5 (Below 11%)	

Accn2a: Task

Task: Claimant Contact

Start Date: 04/11/2005 Due Date: 04/20/2005

Notes (0/0)

Details

Name	STEVEN ALFANO	SSN	099-44-9848	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/05/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active

Contact Information - Interview Documentation - Secure Information

Contact Information

Title FCE notification

☒ First Phone Call Result Successful

☐ Second Phone Call Result

☐ Generate Letter/Fax

☐ Incoming Call

☐ Mail Received

Contact Comments

04/11/05 called cx at 718-894-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.

Interview Documentation

Primary Diagnosis/Symptoms/Co-Morbid Conditions

Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization

Mark Sodders

User ID

User ID

User ID

User ID

User ID

https://dms-acclaim.group.cigna.com/accn2a/Task/TaskOTCTASK_CLAIMANT_CONTACTIDisplay.asp?id=12464164&wd=5... 4/11/2005

Mark Sadders
Disability Claim Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life • Accident • Disability

April 11, 2005

Routing 212E
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone 800.352.0611 x5693
Facsimile 860.731.2907
Mark.Sadders@Cigna.com

Steven Alfano
3800 Waldo Avenue 13-G
Bronx, NY 10463

Re: Claimant: Steven Alfano
Policy Number: NYK 1972
Policy Holder: Weill Medical College
Underwriting Company: CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

This letter is in reference to the above-mentioned claim for long term disability benefits.

Please be advised that after a review of the medical information your physician submitted, we are in the process of scheduling a Functional Capacity Evaluation (FCE) for you. A representative from HealthSouth will be contacting you to discuss the date, time and place of the FCE. This exam will be at our expense.

Your policy through Weill Medical College does include a provision that allows us to send you for an exam as often as reasonably required.

Should you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

Mark Sadders

CIGNA Group Insurance products and services are provided exclusively by and through subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is a registered service mark.

Claim Direction Staffing Form

Please complete the sections that are applicable for the staffing purpose

Claim Information:

Staffing Date:	April 6, 2005	Claim Manager:	Mark Sedders
Cx Name:	Steven Alford	SSN:	999-44-9645
DOB/Age:	01/14/58	Height/WT:	6'5" / 200 lbs.
Employer:	Weill Medical College	Occupation:	Wage & Salary Manager
Incur Date:	06/01/2000	Date of Hire:	05/05/1991
		Employment term:	After ID of 06/06/2000
		Date:	
BSD or AO Date:	12/03/2000	Claim Received Date:	12/07/2000
Prior Claim?	No	MI Max date:	12/07/2000
Diagnostic/ICD 9 code:			
Status:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> A/O <input type="checkbox"/> Appeal <input type="checkbox"/> Pre-Ex		
Specific staffing questions that need to be addressed:			
Claim direction:			
Claim synopsis: please see printed claim strategy:			

Vocational / Occupational History:

Occupational requirements (DOT MUST BE ON FILE & TABBED)	
<input checked="" type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy	
Policy definition of disability please check:	DOT on file: <u>no, but JD</u>
Own Occ <input checked="" type="checkbox"/> Any Occ <input type="checkbox"/> Other:	
Training/Education/Experience	Dominant hand: Left
Bus Degree in 1982	VRC assigned: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical / Offsets:

Treating Physicians (name, specialty, initial & LOV, frequency):								
Provider	Specialty	Initial	OV	LOV	TX	PAA?	R	L
K. Beach, M.D.	IM							
M. Alexander	Ortho							
Projected RTW Date and Provider:		No work						
CGT Guidelines:								
Other Benefits:		<input type="checkbox"/> STD <input type="checkbox"/> WC <input checked="" type="checkbox"/> SSDI <input type="checkbox"/> SSR <input type="checkbox"/> Pension <input type="checkbox"/> Other						

Claim Direction Staffing Form

Please complete the sections that are applicable for the staffing purpose

Comments/ Review outcome/Rationale/Plan:

MD	NCM/BS <input checked="" type="checkbox"/>	VRC
<p>becas walk, get, PAA plans at less than responding to them. AP has not responded clearly medical that supports R.H. given Need FLE to identify functionality</p>		
<p>Future Claim Direction/Actions (Please indicate person responsible for action)</p> <p>1. 2. 3. 4.</p>		
<p>FU Medical _____ VOC Rehab _____ STU _____</p>		<p>SSDI _____ FAU WIC _____ Other <input checked="" type="checkbox"/> FCE - 1 day</p>

Parties in Attendance:

<p>Please list printed staffing participant names with signatures:</p> <p>1. <i>manh Sedell</i> 2. <i>Kay Rourke, RN, CCM 416105</i> 3. 4.</p> <p>Date: _____</p>
--

Acenza: Task

Task: Medical Request

Start Date: 03/28/2005 Due Date: 03/28/2005

Details

Name: STEVEN ALFANO SSN: 099-44-9648 DOB: 01/14/1958

Account Name: WEILL MEDICAL COLLEGE Account #: NYK0001972 Incurred Date: 05/06/2000

Claim Manager: Mark Sodders Incident #: 513534 Claim Eff Dt-Status: 01/21/2003 - Active

Title: /in AP review of DOT

Comments/Instructions:

01/20/05 sent via certified mail
 02/01/05 received certified receipt back signed for by Dr. Rosch's office on 01/27/05
 03/04/05 called Dr. Rosch's office at 212-746-3879 to f/u on our request. Number busy.
 Faxing a second request.
 03/28/05 1300 called Dr. Rosch's office to f/u on our request. On hold 15 minutes with
 no pick-up. Terminated call.

Date: 03/28/2005 02:10 PM User ID: Mark Sodders

Last Changed User: Mark Sodders Last Changed Date: 03/28/2005 02:10 PM

Active Contents

Type	Due Date	Created By	Assigned To	Title
LTD	05/06/2000	Mark Sodders	ALFANO, STEVEN	01/14/1958

Status: Completed Assigned To: Mark Sodders Created: 03/28/2005 11:29 AM

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Page 2 of 2

Acenza: Task

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CLICNY 0900

Message Confirmation Report

MAR-07-2005 10:07 AM MON

Fax Number :
Name :

Name/Number : 91212746812741431
Page : 2
Start Time : MAR-07-2005 10:05AM MON
Elapsed Time : 00' 23"
Mode : STD EXH
Results : [O.K]

Facsimile Transmission Cover Sheet

CIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number 212-746-8127	Date March 7, 2005	Time 10:00 a.m.	Total Number of pages (including this sheet): 2
--	-----------------------	--------------------	--

Name
Dr. Keith Roach
Company

Phone
212-746-2879
Address

2nd Request

Name
Mark Sadders
Department
CIGNA Disability Management Solutions
Phone
1.800.352.0611 Extension 5693
Address
12225 Greenville Avenue
Suite 1000, L8 179
Dallas Texas 75243

Comments

RE: Steven Alfano
DOB: 1/14/58
Policyholder: Weill Medical College NYK 1972
Underwriting Company: Life Insurance Company of North America

Attached is a copy of the letter sent to Dr. Roach on January 20, 2005 regarding Mr. Alfano asking for the review of the four DOT's. The DOT's were received in your office as of January 27, 2005.

We would greatly appreciate a response by March 25, 2005, and in the absence of Dr. Roach's response we will assume Dr. Roach is in agreement with his patient's ability to perform the occupations listed in the four DOT's.

If you have any questions please do not hesitate to call at the number listed above.

Sincerely,

2nd Request

Mark Sadders

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance Company of North America
Connecticut General Life Insurance Company
CIGNA Life Insurance Company of New York

[] Acknowledgment Requested

To Fax a reply, dial: 860.731.2907

Mark Sadders
Case Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life • Accident • Disability

January 20, 2005

Keith Roach, M.D.
505 E. 70 St.
HT 450
New York, NY 10021

Routing: 212E
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone: 800.352.0611 x5693
Facsimile: 800.731.2907
Mark.Sadders@Cigna.com

Re: Claimant: Steven Alfano
DOB: 01/14/58
Policy Number: NYK 1972
Policy Holder: Weill Medical College
Underwriting Company: CIGNA Life Insurance Company of New York

Dear Dr. Roach:

From your last Physical Abilities Assessment Form dated October 10, 2004, you report that Mr. Roach may Occasionally: push, pull, climb, balance, stoop, lift and carry 10 pounds, sit stand and walk.

We have enclosed four potential occupations that Mr. Roach may perform based on his prior education, training and experience for your review. To properly understand his current physical work restrictions, please provide the following information:

- Is Mr. Roach able to physically perform the four occupations as described in the attachment?
- If no, please provide the medical documentation to support your position of Mr. Roach's functional deficits and that significantly impact his ability to perform these occupations which require physical exertion in an 8 hour day based on your October 10, 2004 Physical Abilities Assessment form.

We will consider a reasonable charge for this report. Please include your Tax identification number for your invoice.

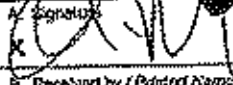
Your assistance in providing this information is appreciated and will aid in the prompt handling of the claim.

Sincerely,

Mark Sadders

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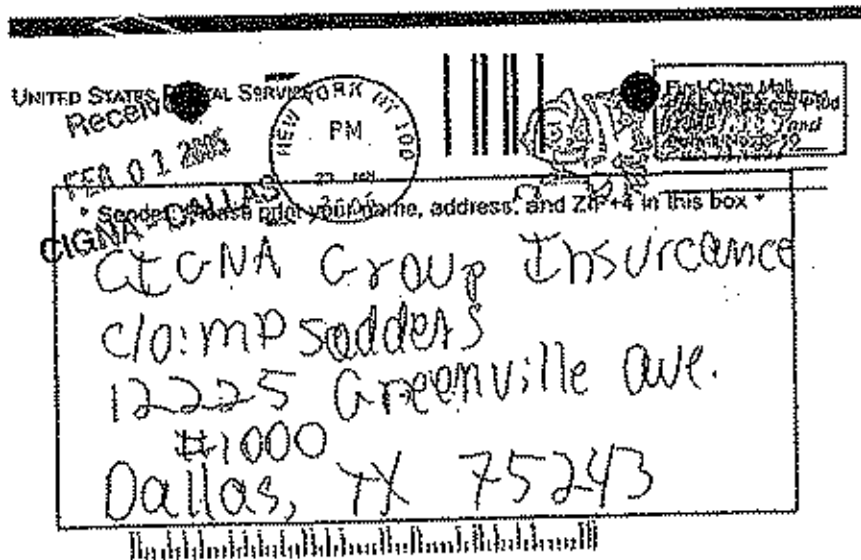
CLICNY 0903

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Keith Proach, MD 505 E. 70 St NY 10024 NEW YORK, NY 10024</p>		<p>A. Signature </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery: 1/27/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7099 3220 0006 05368853</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102510-02-16 1340



U.S. Postal Service CERTIFIED MAIL RECEIPT <small>1. Domestic Mail Only; No Insurance Coverage Provided</small>	
Article Sent To: Dr. Keith Koehn	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Insured Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
<small>Name (Please Print Clearly) (To be completed by mailer)</small> Dr. Koehn <small>Street, Apt. No., or P.O. Box</small> 105 E 70 St H450 <small>City, State, ZIP+4</small> New York City 10011	
<small>PS Form 3800, July 2005 See Reverse for instructions</small>	

Certified Mail Provides:

- ☐ A mailing receipt
 - ☐ A unique identifier for your mailpiece
 - ☐ A signature upon delivery
 - ☐ A record of delivery kept by the Postal Service for two years
- Important Reminders:**
- ☐ Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
 - ☐ Certified Mail is not available for any class of international mail.
 - ☐ NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuable, please consider Insured or Registered Mail.
 - ☐ For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Enter on mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
 - ☐ For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
 - ☐ If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not desired, detach and affix label with postmark and mail.
- NOTE:** Save this receipt and present it when making an inquiry.

PS Form 3800, July 1998 (Revised)

102590-02-01-1998

1/29/05 File Review

C/O a 47yo ♂

Dr. Orthopedic -

manages for Wall Medicals (Cruz)

HTN, H/A

- @ shoulder surgery, Spinal Stenosis

I.D. 6/6/00 SSWE: 1° + Dep.

SX: 4/16/03 Tot rectomy, arthroscopic

PAA - Dr. Escher 10/10/04 - w/orthotics

9/14/04 - Cervical scan - non-invasive - C6-C7 osteophytes

6/12/00

MRI Lumbar

mod to severe spondylosis

Sodders, Mark D 212

From: Steven Alfano [steven.alfano@verizon.net]
Sent: Friday, January 14, 2006 7:37 AM
To: Sodders, Mark D 212
Subject: LTD

Mark,

I received your letter and calculations. Unfortunately for me, they seem to be in order and correct.
Thank you for waiving the overpayment.
Steve Alfano

Sodders, Mark D 212

From: Goff, Kevin R 1475
 Sent: Monday, January 10, 2005 8:47 AM
 To: Sodders, Mark D 212
 Subject: RE: COLA Adjustment

Hi Mark,

Thanks for clarifying. What does BME stand for?

-----Original Message-----

From: Sodders, Mark D 212
 Sent: Monday, January 10, 2005 9:23 AM
 To: Goff, Kevin R 1475
 Cc: Harvey, Kathy L 212
 Subject: RE: COLA Adjustment

Hi Kevin:

Two letters were sent to Mr. Alfano. July 12, 2004 and November 30, 2004. The July 12, 2004 letter was the first letter ever sent to Mr. Alfano advising him of the COLA. This resulted in us sending him a \$6,888.93 underpayment. Unfortunately, the prior case manager who issued this did the COLA on the Gross, not the Net MB. I sent the letter in November, advising him that another COLA would be due as of 01/01/05.

However, I continued the error and applied the COLA to the Gross, as I based my calculations off of the prior case manager's work. No monies were ever issued that were discussed on this November 30, 2004 letter. I became suspicious of the amount when I saw how large it was over the original BME. Therefore, I sent a third letter was sent to Mr. Alfano in early December advising him that I would double check all the calculations to ensure accuracy. This last e-mail/letter to Mr. Alfano is the result of my own investigation.

Please let me know if you need anything else or any clarification.

Sincerely,

Mark

-----Original Message-----

From: Goff, Kevin R 1475
 Sent: Monday, January 10, 2005 8:06 AM
 To: Sodders, Mark D 212
 Cc: Harvey, Kathy L 212
 Subject: RE: COLA Adjustment

Hi Mark,

I appreciate the direct follow up on this. I received a response from the broker (Noreen Murray) asking what information was previously sent to the claimant or to Weill Medical regarding Mr. Alfano's COLA payments? Can you please research this and let me know. I think she is very interested to know if we did send any prior correspondence regarding this. If we did, it was possibly wrong, and if it we didn't, I believe we should have been sending updates.

Please advise.

Thanks,
 Kevin

-----Original Message-----

From: Sodders, Mark D 212
 Sent: Friday, January 07, 2005 3:28 PM

To: Steven Alfano
 Cc: Goff, Kevin R 1475; krus@med.com; Harve, Kathy L 212; SecureMessage
 Subject: COLA Adjustment

Hi Mr. Alfano:

I've reviewed the calculations made on your claim concerning the COLA's (Cost of Living Adjustments) to your Monthly Benefits according to your policy.

Your policy states the following:

***Cost of Living Adjustment.**

On January 1, any Employee who is entitled to receive a Monthly Benefit and has been disabled for 12 months following the end of the Benefit Waiting Period will be eligible for a Cost of Living Adjustment. The Monthly Benefit payable to him, beginning with the month of January, will be increased by 3%.

The Cost of Living Adjustment will be determined on each January 1 until a total of 5 annual adjustments have been made. This adjustment will not be subject to the overall maximum Monthly Benefit.*

On July 12, 2004, you were notified by our office via written correspondence that no COLA's have been applied to your disability benefits, and that you will be receiving \$6,886.93 for these past due benefits. On November 30, 2004, you were notified that another COLA is due as of January 1, 2005.

Upon further review of the accuracy of the increase in benefits, it was determined that the 3% COLA was applied to the gross amount of your Monthly Benefit, prior to any deductions and not the net amount of your Monthly Benefit. If you'll note the language above, the 3% COLA is applied to your Monthly Benefit payable. This means that the 3% COLA is applied to the lesser of either:

- 60% of the Employee's Monthly Basic Earnings at the time he becomes Disabled, rounded to the nearest dollar up to a maximum of \$15000, and reduced by the amount of all Other Benefits, for that month, excluding any Other Benefits received by or on behalf of the Employee's dependents.
- 70% of the Employee's Basic Earnings at the time he becomes Disabled, reduced by the amount of all Other Benefits which the Employee and his dependents receive for that month."

Different language is applied if you are working, approved by CIGNA. However, as you are not working, the above language applies to your Monthly Benefits.

This means that the total amount paid to you from December 3, 2001 through December 2, 2004 is \$76,772.10. However, as mentioned above, the COLA should have been applied to the Monthly Benefit (which means the net amount after Other Benefits (i.e., SSDI Primary and Dependent) are deducted and totals \$71,977.09. This yields an Overpayment in the amount of \$4,795.01.

Your Overpayment total was reduced by \$293.64, as there was an error in calculating the correct Social Security Disability offsets for the month of December 3, 2000 through January 2, 2001.

The remaining \$4,501.37 Overpayment has been waived, and your new Monthly Benefit payable to you through December of 2005 is \$2,152.32. Your fifth and final COLA will occur as of January 1, 2006.

A letter is being sent to you, including the calculation sheets, detailing this e-mail. Should you have any questions, please contact me at 800.352.8611 x5693.

Sincerely,

Mark Sadders
 Case Manager
 CIGNA Disability Management Solutions
 972.907.5693 Network: 933.5693
 800.352.8611 Ext. 5693
 Fax: 860.731.2907
 mark.sadders@cigna.com

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Sodders, Mark D 212

From: steven.alano@verizon.net
 Sent: Saturday, January 08, 2005 2:23 PM
 To: steven.alano@verizon.net
 Cc: Sodders, Mark D 212
 Subject: CIGNA Secure Mailbox Fw: COLA Adjustment

--- Original Message ---
 Hi Mr. Alano:

I've reviewed the calculations made on your claim concerning the COLA's (Cost of Living Adjustments) to your Monthly Benefits according to your policy.

Your policy states the following:

"Cost of Living Adjustment.

On January 1, any Employee who is entitled to receive a Monthly Benefit and has been disabled for 12 months following the end of the Benefit Waiting Period will be eligible for a Cost of Living Adjustment. The Monthly Benefit payable to him, beginning with the month of January, will be increased by 3%.

The Cost of Living Adjustment will be determined on each January 1 until a total of 5 annual adjustments have been made. This adjustment will not be subject to the overall maximum Monthly Benefit."

On July 12, 2004, you were notified by our office via written correspondence that no COLA's have been applied to your disability benefits, and that you will be receiving \$6,866.93 for these past due benefits. On November 30, 2004, you were notified that another COLA is due as of January 1, 2005.

Upon further review of the accuracy of the increase in benefits, it was determined that the 3% COLA was applied to the gross amount of your Monthly Benefit, prior to any deductions and not the net amount of your Monthly Benefit. If you'll note the language above, the 3% COLA is applied to your Monthly Benefit payable. This means that the 3% COLA is applied to the lesser of either:

- * "50% of the Employee's Monthly Basic Earnings at the time he becomes Disabled, rounded to the nearest dollar up to a maximum of \$15000, and reduced by the amount of all Other Benefits, for that month, excluding any Other Benefits received by or on behalf of the Employee's dependents.
- * 70% of the Employee's Basic Earnings at the time he becomes Disabled, reduced by the amount of all Other Benefits which the Employee and his dependents receive for that month."

Different language is applied if you are working, approved by CIGNA. However, as you are not working, the above language applies to your Monthly Benefits.

This means that the total amount paid to you from December 3, 2003 through December 2, 2004 is \$76,772.10. However, as mentioned above, the COLA should have been applied to the Monthly Benefit (which means the net amount after Other Benefits (i.e., SSDI Primary and Dependent) are deducted and totals \$71,977.09. This yields an Overpayment in the amount of \$4,795.01.

Your Overpayment Total was reduced by \$293.64, as there was an error in calculating the correct Social Security Disability offsets for the month of December 3, 2000 through January 2, 2001.

The remaining \$4,501.37 Overpayment has been waived, and your new Monthly Benefit payable to you through December of 2005 is \$2,152.32. Your fifth and final COLA will occur as of January 1, 2006.

A letter is being sent to you, including the calculation sheets, detailing this e-mail. Should you have any questions, please contact me at 800.352.0611 x5693.

Sincerely,

Mark Sodders
Case Manager
CIGNA Disability Management Solutions
972.907.5693 Network: 933.5693
800.352.0611 Ext. 5693
Fax: 860.731.2947
mark.sodders@cigna.com

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Mark Sodders
Case Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life - Accident - Disability

January 7, 2005

Rooming 2125
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone 800.352.0611 x5693
Facsimile 860.731.2407
Mark.Sodders@cigna.com

Steven Alfano
3800 Waldo Avenue
13-G
Bronx, NY 10463

Re: Claimant: Steven Alfano
Policyholder: Weill Medical College
Policy Number: NYK 1972
CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

The letter is in reference to your claim for Long Term Disability (LTD) benefits.

I've reviewed the calculations made on your claim concerning the COLA's (Cost of Living Adjustments) to your Monthly Benefits according to your policy.

Your policy states the following:

"Cost of Living Adjustment.

On January 1, any Employee who is entitled to receive a Monthly Benefit and has been disabled for 12 months following the end of the Benefit Waiting Period will be eligible for a Cost of Living Adjustment. The Monthly Benefit payable to him, beginning with the month of January, will be increased by 3%.

The Cost of Living Adjustment will be determined on each January 1 until a total of 5 annual adjustments have been made. This adjustment will not be subject to the overall maximum Monthly Benefit."

On July 12, 2004, you were notified by our office via written correspondence that no COLA's have been applied to your disability benefits, and that you will be receiving \$6,866.93 for these past due benefits. On November 30, 2004, you were notified that another COLA is due as of January 1, 2005.

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CLICNY 0915

Steven Alfano
January 7, 2005
Page 2

Upon further review of the accuracy of the increase in benefits, it was determined that the 3% COLA was applied to the gross amount of your Monthly Benefit, prior to any deductions and not the net amount of your Monthly Benefit. If you'll note the language above, the 3% COLA is applied to your Monthly Benefit payable. This means that the 3% COLA is applied to the lesser of either:

- 60% of the Employee's Monthly Basic Earnings at the time he becomes Disabled, rounded to the nearer dollar up to a maximum of \$15000, and reduced by the amount of all Other Benefits, for that month, excluding any Other Benefits received by or on behalf of the Employee's dependents.
- 70% of the Employee's Basic Earnings at the time he becomes Disabled, reduced by the amount of all Other Benefits which the Employee and his dependents receive for that month."

Different language is applied if you are working, approved by CIGNA. However, as you are not working, the above language applies to your Monthly Benefits.

This means that the total amount paid to you from December 3, 2001 through December 2, 2004 is \$76,772.10. However, as mentioned above, the COLA should have been applied to the Monthly Benefit (which means the net amount after Other Benefits (i.e., SSDI Primary and Dependent) are deducted and totals \$71,977.09. This yields an Overpayment in the amount of \$4,795.01.

Your Overpayment total was reduced by \$293.64, as there was an error in calculating the correct Social Security Disability offsets for the month of December 3, 2000 through January 2, 2001.

Please refer to the enclosed calculation sheets for details.

The remaining \$4,501.37 Overpayment has been waived, and your new Monthly Benefit payable to you through December of 2005 is \$2,152.32. Your fifth and final COLA will occur as of January 1, 2006.

Should you have any questions, please contact me at 800.352.0611 x5693.

Sincerely,

Mark Sadders

Disability Benefit Adjustment				Version Date: 10/8/01	
Date: 1/1/2005					
Claimant Name: Steven Altuna		Policyholder: Vinil Medical College			
Policy Number: NYK 1972					
Minimum Benefit: \$ 100.00					
Reason for Adjustment: COLA as of January 1, 2002					
What has been Paid			Corrected Payments		
From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02	(\$2,121.02 for 20 days + 200.00 for COLA Adj)	Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00	(\$1,500.00 for 20 days + 1,500.00 for COLA Adj)	Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
Net Benefit	\$621.02	X and Month: \$1,896.52	Net Benefit	\$621.02	X and Month: \$1,896.52
- FICA	\$0.00		- FICA	\$0.00	
- FIT	\$0.00		- FIT	\$0.00	
Payment Amount	\$621.02	\$1,896.52	Payment Amount	\$621.02	\$1,896.52
From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
Net Benefit	\$621.02	X and Month: \$1,896.52	Net Benefit	\$621.02	X and Month: \$1,896.52
- FICA	\$0.00		- FICA	\$0.00	
- FIT	\$0.00		- FIT	\$0.00	
Payment Amount	\$621.02	\$1,896.52	Payment Amount	\$621.02	\$1,896.52
From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
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- FIT	\$0.00		- FIT	\$0.00	
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Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
Net Benefit	\$621.02	X and Month: \$1,896.52	Net Benefit	\$621.02	X and Month: \$1,896.52
- FICA	\$0.00		- FICA	\$0.00	
- FIT	\$0.00		- FIT	\$0.00	
Payment Amount	\$621.02	\$1,896.52	Payment Amount	\$621.02	\$1,896.52
From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
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From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
Net Benefit	\$621.02	X and Month: \$1,896.52	Net Benefit	\$621.02	X and Month: \$1,896.52
- FICA	\$0.00		- FICA	\$0.00	
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From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
Net Benefit	\$621.02	X and Month: \$1,896.52	Net Benefit	\$621.02	X and Month: \$1,896.52
- FICA	\$0.00		- FICA	\$0.00	
- FIT	\$0.00		- FIT	\$0.00	
Payment Amount	\$621.02	\$1,896.52	Payment Amount	\$621.02	\$1,896.52
From: 12/31/01	Through: 12/31/01	# of Months: 1	From: 12/31/01	Through: 12/31/01	# of Months: 1
Gross Benefit	\$2,121.02		Gross Benefit	\$2,121.02	
Other Benefits	\$1,500.00		Other Benefits	\$1,500.00	
Tax Year: 2002			Tax Year: 2002		
Net Benefit	\$621.02	X and Month: \$1,896.52	Net Benefit	\$621.02	X and Month: \$1,896.52
- FICA	\$0.00		- FICA	\$0.00	
- FIT	\$0.00		- FIT	\$0.00	
Payment Amount	\$621.02	\$1,896.52	Payment Amount	\$621.02	\$1,896.52